

POSITION	ID NO.	DATE
CLASSIFIER	8	8-2-97
EXAMINER	1070	118-147
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	1/16/97
2	2/20/97
3	2/20/97
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SYMBOLS

- ✓ Rejected
- Allowed
- (through number) Canceled
- * Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
Final	
Original	
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